

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Parham et al.

Group Art Unit: 2461

Serial No.: 09/685,274

Examiner: Levitan, Dmitry

Filed: October 9, 2000

Docket No.: 1497/121

Confirmation No.: 4448

For: SYSTEM AND METHOD FOR INTERFACING BETWEEN SIGNALING
PROTOCOLS

NOTIFICATION OF ERROR IN PAYMENT OF FEE AS SMALL ENTITY
(37 C.F.R. § 1.28(c))

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. Type of fee erroneously paid as small entity: Issue Fee
Current fee amount for non-small entity: \$1770.00
2. Small entity fee actually paid: \$755.00
When: January 19, 2010
3. Deficiency amount owed: \$1015.00
4. Total deficiency payment owed: \$1015.00

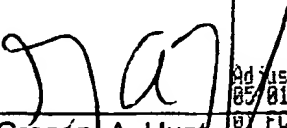
The Commissioner is hereby authorized to charge **\$1015.00** to Deposit Account
No. **50-0426**.

Respectfully submitted,

JENKINS, WILSON, TAYLOR & HUNT, P.A.

Date: March 18, 2013

By:


Gregory A. Hunt
Registration No. 41,085
Customer No. 25297

Adjustment Date: 05/08/2013 CKHLOK
05/01/2013 CKHLOK 00000023 500426 7675900
01 FC:1461 1015.00 CR

05/08/2013 CKHLOK 00000004 500426 09605274
01 FC:1461 1015.00 DA

Adjustment date: 05/08/2013 CKHLOK 7675900
05/01/2013 CKHLOK 00000015 500426
01 FC:1559 1475.00 CR
05/01/2013 CKHLOK 00000015 500426 7675900
01 FC:1559 1475.00 DA

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 05/08/13		2 Serial/Patent # 7,675,900			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
	Filing			\$	
	Amendment			\$	
	Extension of Time			\$	
	Notice of Appeal/Appeal			\$	
	Petition			\$	
	Issue			\$	
	Cert of Correction/Terminal Disc.			\$	
X	Maintenance 1.28 deficiency	wfee	03/18/13	\$ 1,475.00	
	Assignment			\$	
	Other			\$	
		7 TOTAL AMOUNT OF REFUND		\$ 1,475.00	
		8 TO BE REFUNDED BY: credit card			
		Treasury Check			
		X	Credit Deposit A/C #:		
		9	5	0	--
			0	4	2
			6		
10 REASON:					
	Overpayment				
	Duplicate Payment				
X	No Fee Due (Explanation):				
Fee charged in error, no authorization given to charge					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: Sherry D. Brinkley		TITLE: Petitions Examiner			
SIGNATURE: /Sherry D. Brinkley/		PHONE: (571) 272-3204			
OFFICE: Office of Petitions					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****					
APPROVED:		DATE: 5/8/13			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**